



King County

Department of Judicial Administration

Barbara Miner

Director and Superior Court Clerk

(206) 296-9300 (206) 296-0100 TTY/TDD

Clerk Fee Waiver Request Form

For Waiver of Ex Parte Presentation, Expedited Handling and ECR Online Fees

REQUESTOR'S NAME: _____

KING COUNTY CAUSE (if applicable) #: _____

STANDARD CONDITIONS: In order to be granted a fee waiver by the clerk, an individual must attest that payment of the fee(s) to be waived would cause a financial hardship (DJA policy # FIN-8-2-CA73). You must :

1. Submit a copy of a current benefit awards letter from a state or federal agency for a benefit that is needs based;

OR

2. Complete the attached financial statement stating that your income is not more than 125% of the Federal Poverty Standard.

PLEASE PROVIDE A COPY OF A BENEFITS LETTER OR COMPLETE AND RETURN THE ENCLOSED FINANCIAL STATEMENT TO ONE OF THE KING COUNTY SUPERIOR COURT CLERK'S OFFICE LOCATIONS LISTED BELOW.

Seattle:
516 Third Avenue Room E609
Attn: Cashier
Seattle, WA 98104-2386
(206) 296-9300

Maleng Regional Justice Center:
401 Fourth Avenue North Room 2C
Attn: Cashier
Kent, WA 98032-4429
(206) 296-9300

Signature of Requestor

Date

Financial Statement

1. My name is:	
2. My spouse/partner/room-mate's name is:	
3. Self	3. Spouse/partner/room-mate
Employer Name:	Employer Name:
Employer Address:	Employer Address:
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Gross pay/month: \$	Gross pay/month: \$
Number of hours worked per week:	Number of hours worked per week:
If unemployed, date of last employment:	If unemployed, date of last employment:
4. My Other Income Per Month	4. Spouse/partner/room-mate Other Income
Public Assistance \$	Public Assistance \$
Unemployment Compensation \$	Unemployment Compensation \$
Industrial Insurance (L&I) \$	Industrial Insurance (L&I) \$
Child Support Received \$	Child Support Received \$
Gifts \$	Gifts \$
Social Security \$	Social Security \$
Investment Income \$	Investment Income \$
Legal Settlements \$	Legal Settlements \$
Other Monthly Receipts \$	Other Monthly Receipts \$
5. The Following People Live With Me	
List name, age and relationship of ALL persons living in your household	
6. My Asset and Equity Values are:	
Home: \$	Cash: \$
Checking Account: \$	Retirement: \$
Savings Account(s): \$	Other (list):\$
Auto(s) + make/yr: \$	
	Total \$

Reviewed by: _____

Date: _____

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Superior Court of Washington for King County

vs.

Plaintiff(s)

Defendant(s)

Case Number:

Affidavit in Support of ECR Online, Ex Parte Presentation, and/or Ex Parte Expedited Presentation Fee Waiver Request

(AF)

I, _____, declare under penalty of perjury that I have been determined by an agency of the State of Washington, or of another of these United States, to suffer from a substantial economic hardship, and offer as evidence herewith a copy of a valid benefits award letter; **OR**, if such a determination has not been made, that the information submitted on the attached Financial Declaration is true, accurate and complete.

Description and date of benefits award, or date of financial declaration

Signature of Affiant

Signed this _____ day of _____, 2____.

For DJA staff use only

Affiant's identity verified by: _____

Fee Waiver Request Approved on _____ OR

Fee Waiver Request Denied on _____

For the following reason: